

740-EZ

Single Persons With No Dependents

42A740-EZ

Department of Revenue

1500010003

KENTUCKY  
INDIVIDUAL INCOME TAX RETURNKentucky  
UNBROKEN SPIRIT  
2015

Your Social Security Number

Name—Last, First, Middle Initial

Mailing Address (Number and Street including Apartment Number or P.O. Box)

City, Town or Post Office

State

ZIP Code

DRAFT  
9/2/15POLITICAL  
PARTY  
FUNDDesignating \$2 will not change your refund or tax due. Mark an X in  
Box 1 for **Democratic**, Box 2 for **Republican**, or Box 3 for **No Designation**.1 2 3  
☐ ☐ ☐

1. Enter federal Adjusted Gross Income from <b>Form 1040EZ, line 4</b> . This is your <b>Kentucky Modified Gross Income (If \$15,654 or less, you may qualify for the Family Size Tax Credit. See instructions on page 2.)</b>	1		00
2. Standard deduction .....	2	2,440	00
3. Subtract line 2 from line 1. This is your <b>Taxable Income</b> .....	3		00
4. Enter tax from Tax Table or Tax Computation for amount on line 3.....	4		00
5. Personal tax credit .....	5	10	00
6. Subtract line 5 from line 4. If line 5 is larger than line 4, enter zero .....	6		00
7. Multiply line 6 by the Family Size Tax Credit for <b>Family Size 1</b> decimal amount ____ ( ____ %) and enter here (see instructions on page 2) .....	7		00
8. Subtract line 7 from line 6. This is your <b>Income Tax Liability</b> .....	8		00
9. <b>Enter Kentucky Use Tax due on Internet, mail order, or other out-of-state purchases (see instructions)</b> .....	9		00
10. Add lines 8 and 9. This is your <b>Total Tax Liability</b> .....	10		00
11. Enter <b>Kentucky Income Tax</b> withheld as shown on <b>attached</b> 2015 Form W-2, Wage and Tax Statement(s)...	11		00
12. If line 11 is larger than line 10, enter <b>AMOUNT OVERPAID</b> (see instructions) .....	12		00
Fund Contributions; See instructions. > (Enter amount(s) checked)			
13. (a) <b>Nature and Wildlife Fund</b> <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other .....	13(a)		00
(b) <b>Child Victims' Trust Fund</b> <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other .....	13(b)		00
(c) <b>Veterans' Program Trust Fund</b> <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other .....	13(c)		00
(d) <b>Breast Cancer Research/Education Trust</b> <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other .....	13(d)		00
(e) <b>Farms to Food Banks Trust Fund</b> <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other .....	13(e)		00
(f) <b>Local History Trust Fund</b> <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other .....	13(f)		00
14. Add amounts contributed on lines 13(a) through 13(f).....	14		00
15. Subtract line 14 from line 12. Amount to be <b>refunded to you</b> .....	15	REFUND	00
<b>REFUND OPTIONS</b> Check here if you would like your refund issued on a Bank of America Prepaid Debit Card <input type="checkbox"/> Check here if you would like to receive your Debit Card material in Spanish <input type="checkbox"/>			
16. If line 10 is larger than line 11, enter amount you owe. Enclose check payable to <b>Kentucky State Treasurer</b> . Write your Social Security Number and "KY Income Tax—2015" on the check .....	16	OWE	00

I, the undersigned, declare under penalties of perjury that I have examined this return, including any accompanying statements, and to the best of my knowledge and belief, it is true, correct and complete.



Your Signature

Telephone Number (daytime)

Date Signed

Typed or Printed Name of Preparer Other Than Taxpayer

I.D. Number of Preparer

Date

Mail to:

REFUNDS

Kentucky Department of Revenue, Frankfort, KY 40618-0006.

PAYMENTS

Kentucky Department of Revenue, Frankfort, KY 40619-0008.

OFFICIAL USE ONLY

PWR

Attach Form W-2, Wage and Tax Statement(s), here. Enclose payment with Form 740-V but Do Not Staple.



		<b>a</b> Employee's social security number		OMB No. 1545-0008	
<b>b</b> Employer identification number (EIN)			<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld
<b>c</b> Employer's name, address, and ZIP code			<b>3</b> Social security wages		<b>4</b> Social security tax withheld
			<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld
			<b>7</b> Social security tips		<b>8</b> Allocated tips
<b>d</b> Control number			<b>9</b>		<b>10</b> Dependent care benefits
<b>e</b> Employee's first name and initial      Last name      Suff.			<b>11</b> Nonqualified plans		<b>12a</b>
			<b>13</b> Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b>
			<b>14</b> Other		<b>12c</b>
					<b>12d</b>
<b>f</b> Employee's address and ZIP code					
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax
					<b>20</b> Locality name

Form **W-2** Wage and Tax Statement

2015

Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		1 Gross distribution		OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
		\$		<b>2015</b>		
		2a Taxable amount				
		\$		Form <b>1099-R</b>		<b>Copy 2</b> <b>File this copy with your state, city, or local income tax return, when required.</b>
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld		
		\$		\$		
RECIPIENT'S name		5 Employee contributions / Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
		\$		\$		
Street address (including apt. no.)		7 Distribution code(s)		8 Other		
		IRA/SEP/SIMPLE <input type="checkbox"/>		\$ %		
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution %		9b Total employee contributions		
		\$		\$		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 State tax withheld		13 State/Payer's state no.		14 State distribution
\$		\$				\$
Account number (see instructions)		15 Local tax withheld		16 Name of locality		17 Local distribution
		\$				\$
		\$				\$